

**Valley View Public Schools**  
**Office of the Superintendent**  
*Dr. Phillip W. Schoffstall*

755 Luther Drive  
Romeoville, IL 60446  
Phone: 815.886.2700 X241  
E-mail: schoffstallpw@vvsd.org

February 11, 2008

Regular and Certified Mail

Mr. Rogelio Coronado  
213 Bedford  
Bolingbrook, IL 60440

Ref: Pablo Coronado - 9<sup>th</sup> Grade  
Bolingbrook High School

Dear Mr. Coronado:

The School Board, Valley View Community Unit School District 365U, appointed the undersigned as Hearing Officer, for the School District.

This letter shall serve as Notice that the School Administration has recommended that your child be expelled from the School District and that you and your child are hereby requested to appear at a meeting with the undersigned on:

Date: February 19, 2008

Time: 11:00 a.m.

Location: Bolingbrook High School, Bolingbrook, IL.

to discuss your child's behavior and said expulsion. The School Administration has charged your child with the following:

**I. Subversive Organizations**

You, and your child, will be given the opportunity to review the charges made against your child. You may present evidence at the Hearing, and have counsel present, if you desire. Information germane to the question of expulsion, which you may wish to present is requested and will be taken into consideration.

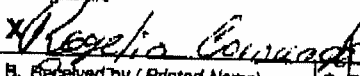
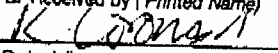

If you have questions pertaining to said Hearing, or to the contents thereof, please contact me at [630] 759-1400. A written summary of the evidence presented at the Hearing shall be presented to the Board of Education, on Monday, February 25, 2008, at 6:30 p.m., at the District Administration Center, and the Board may take such action thereon as it finds appropriate.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven J. Prodehl".

Steven J. Prodehl  
District Hearing Officer  
CC: Student's File



COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  </p> <p>B. Received by (Printed Name)  </p> <p>C. Date of Delivery  </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Mr. Rogelio Coronado  213 Bedford  Bolingbrook, IL 60440</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number  (Transfer from service label)</p> <p>7007 2680 0001 9713 6397</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.21	02/11/2008

Sent To: Mr. Rogelio Coronado  
Street, Apt. No.,  
or PO Box No. 213 Bedford  
City, State, ZIP+4 Bolingbrook, IL 60440

PS Form 3800, August 2006 See Reverse for Instructions